



# **IDAHO TIME SENSITIVE EMERGENCY SYSTEM**

**TRAUMA | STROKE | STEMI**

## **South Central Regional TSE Committee** Confidential Records and Information

I, the undersigned, as a member of the South Central Regional TSE Committee, acknowledge that the records utilized in the review of Time Sensitive Emergency cases are legally confidential, and the information contained thereon may not be revealed in writing, verbally, or by reproduction, except as authorized by the source of the record. I also state that I have read and understand the portions of IDAPA 16.02.01, addressing confidentiality of information and penalties.

As a member of the South Central Regional TSE Committee, I agree to hold confidential and private all information from all records used in the review of TSE proceedings.

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Printed Name of Member

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Signature of Member

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Date



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**